



**Data Submission Dispenser Guide**  
**Virginia Prescription Monitoring Program (VA PMP)**  
**July 2018 Version 1.5**  
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# 1 Data Collection and Tracking

## Data Collection Overview

In accordance with Code of Virginia §§ 54.1-2519 – 54.1-2525 the Virginia Department of Health Professions (DHP) has established a program to monitor the prescribing and dispensing of Schedule II, III, IV, and V controlled substances. The program covers the entire state and requires all dispensers to report, within 24 hours, all prescriptions dispensed in Schedules II-V, naloxone, and drugs of concern--gabapentin. The program also requires non-resident pharmacies licensed by the Virginia Board of Pharmacy to report all controlled substances shipped to a patient that resides within the Commonwealth of Virginia.

## Data Collection Requirements

Dispensers will report the required dispensing information to Appriss, Inc. (Appriss), a private contractor that will collect all data and manage the technical aspects of the program.

All dispensers of controlled substances must meet the reporting requirements set forth by state law in a secure methodology and format. Information about controlled substance dispensing activities must be reported on regular intervals to the Virginia PMP through the authorized data collection vendor, Appriss, Inc.

## Reporting Requirements

**Effective November 30, 2016 the Virginia PMP will begin requiring pharmacies and dispensers to report controlled substance dispensations to the Virginia PMP via the PMP Clearinghouse. Dispensations must be reported within 24 hours, or the dispenser's next business day of dispensing the prescription.**

**The laws and regulations for reporting to the Virginia PMP are continuously subjected to amendments, it is the responsibility of dispensers to be aware of such updates as they are enacted and promulgated.**

All dispensers of Schedule II - V controlled substance prescriptions, naloxone, and drugs of concern--gabapentin are required to collect and report their dispensing information. Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d). Virginia PMP is the state oversight agency and Appriss will be acting as an agent of Virginia PMP in the collection of this information.

The following elements are required by law to be reported. For additional details on these elements and others of ASAP 4.2 please see [Appendix A – ASAP 4.2 Specifications](#).

## Exemptions

The following entities are exempt from reporting data:

- Dispensing of manufacturer's samples
- Dispensing pursuant to a manufacturer's indigent patient program
- Dispensing of covered substances by a practitioner of the healing arts to his patient in a bona fide medical emergency or when pharmaceutical services are not available.
- Administering of covered substances
- Dispensing within an appropriately licensed narcotic maintenance treatment program
- Dispensing to inpatients in hospitals or nursing homes (exemption does not apply to assisted living)
- Dispensing to inpatients in hospices (exemption does not apply to home hospice or hospice in an assisted living facility)
- Dispensing of covered substances by veterinarians to animals within the usual course of their professional practice for a course of treatment to last seven days or less

### **Nursing homes:**

- Pharmacies dispensing to nursing homes are exempt from reporting. However, prescriptions dispensed to assisted living facilities must be reported.

### **Hospitals:**

- Inpatient prescriptions dispensed are exempt from reporting. All outpatient prescriptions and employee prescriptions must be reported.

**If you consider that you are exempt from reporting or wish to submit a request for a waiver from reporting please fill out the attached exemption/waiver request form (attachment 3) and mail to:**

Department of Health Professions  
Prescription Monitoring Program  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233

Or submit by FAX to (804) 527-4470, or submit by email to [pmp@dhp.virginia.gov](mailto:pmp@dhp.virginia.gov)

## 2 Data Submission

This chapter provides information and instructions for submitting data to the PMP Clearinghouse repository.

### Timeline and Requirements

Pharmacies and software vendors can establish submission accounts upon receipt of this guide. Instructions for setting up an account are listed below.

- **You may create your account on or after 11/07/2016. See [Creating Your Account](#) for more information.**
- **Beginning 11/30/2016 dispensers are required to transmit their data using PMP Clearinghouse. In accordance with the guidelines outlined under [Reporting Requirements](#).**
- **If a pharmacy does not dispense any controlled substances for the preceding reporting period, it must file a zero report for that reporting period or it will be considered noncompliant. See [Zero Reports](#) for additional details.**

### Upload Specifications

Files should be in ASAP 4.2 format. Files for upload should be named in a unique fashion, with a prefix constructed from the date (YYYYMMDD) and a suffix of “.dat”. An example file name would be “20110415.dat”. All of your upload files will be kept separate from the files of others.

Reports for multiple pharmacies can be in the same upload file in any order.

### 3 Creating Your Account

Prior to submitting data, you must create an account. **If you are already registered with PMP Clearinghouse, you do not need to create a new account. A single account can submit to multiple states.** If you have an existing PMP Clearinghouse account, see section [8.2 Adding States to Your Account](#).

**Note:** Multiple pharmacies can be uploaded in the same file. For example, Wal-Mart, CVS, and other chain pharmacies send in one file containing all their pharmacies from around the state. Therefore, chains with multiple stores only have to set up one account to upload a file.

Perform the following steps to create an account:

1. To request a data submitter account for PMP AWA<sub>R</sub>x<sub>E</sub>, the user must go to <https://pmpclearinghouse.net> and click the Create Account link in the center of the screen or go directly to <https://pmpclearinghouse.net/registrations/new>
2. The screen displayed requires the user to enter their current, valid email address and a password. This email address will act as your user name when logging into the system.
  - **The password must contain at least 8 characters, including 1 capital letter, 1 lower case letter, and 1 special character (such as !,@,#,\$)**

**Profile**

\* Email Address

\* Password

\* Password confirmation

3. The second grouping is the demographics section. Here the user must enter their name, employer information, and other information as configured by the PMP Administrator.
  - Required fields are marked with a red asterisk (\*)
  - The user may be able to auto populate their user and employer information using the search boxes for listed identifiers (DEA, NCPDP, or NPI).

**Personal**

\* First name

Middle name

\* Last name

Searching for DEA or NPI will autopopulate your information if found.

DEA

NPI

**Employer**

\* Name

\* Address

Address (continued)

\* City

\* State

\* Postal Code

\* Phone

Fax

Searching for DEA or NPI will autopopulate your information if found.

DEA

NCPDP

**NOTE:** PMP Clearinghouse users are able to submit data through the web portal via manual entry (UCF) or upload of ASAP files. Secure FTP (sFTP) access is also available for users who prefer an encrypted transfer method. If Secure FTP access is not required, skip to step 6.

## sFTP Account Creation

If the user would like to submit data via sFTP, sFTP access can be granted during account registration. See [Adding sFTP to a Registered Account](#) to add sFTP access to an existing PMP Clearinghouse account

4. Check the "Enable sFTP Access" box as seen below. The sFTP username is automatically Generated using the first 5 characters of the employer name + the employer phone number + @prodpmpsftp. Example username: chain502555555@prodpmpsftp
5. Create a sFTP password that meets the following criteria: **contain at least 8 characters, including 1 capital letter, 1 lower case letter, 1 number, and 1 special character (such as !, @, #, \$)**

**NOTE:** This will be the password that is input into the pharmacy software so that submissions can be automated. This password can be the same as the one used entered previously under Profile. Unlike the Profile password (i.e. user account password) the sFTP password does not expire.

PMP Clearinghouse users are able to submit data through the web portal via manual entry or upload of ASAP files. Secure FTP (SFTP) access and Real-Time submissions are also available.

Enable SFTP Access ☒

SFTP Username

SFTP Password


SFTP Password Confirmation

Password must include at least 8 characters, including 1 capital letter, 1 lowercase letter, and 1 special character (such as !, @, #, \$)

The URL to connect via sFTP is `sftp://sftp.pmpclearinghouse.net`

Additional details on sFTP configuration can be found in [Appendix C – sFTP Configuration](#).

6. The registering user must select which states they will be submitting data for. A list of available states using PMP AWA<sub>R</sub><sub>x</sub>E are selectable.



The screenshot shows a web form with a light gray background. At the top, it says "Please indicate which states should receive your data." in blue text. Below this, there is a section titled "\* States" in red text. To the right of this title is a list of five states, each with a checkbox: Alaska (checked), Idaho (unchecked), Kansas (checked), Massachusetts (unchecked), and Mississippi (unchecked).

| * States      | Selection                           |
|---------------|-------------------------------------|
| Alaska        | <input checked="" type="checkbox"/> |
| Idaho         | <input type="checkbox"/>            |
| Kansas        | <input checked="" type="checkbox"/> |
| Massachusetts | <input type="checkbox"/>            |
| Mississippi   | <input type="checkbox"/>            |

7. The registering user clicks submit. The request is submitted to the PMP Administrator for each of the states the user selected for data submission.
- Once the State PMP Administrator has approved the request, the user will receive a welcome email and can begin submitting data to PMP AWA<sub>R</sub><sub>x</sub>E.

## 4 Data Delivery Methods

This section discusses the different options available to a user to submit your controlled substance reporting data file(s) to PMP Clearinghouse. Users have the options of:

- using a sFTP account;
- using a web portal upload page;
- using a manual entry UCF (Universal Claims Form) page; or
- submitting a zero report.

### 4.1 Secure FTP

Data submitters who select to submit data to PMP Clearinghouse by sFTP must configure individual folders for the state PMP systems they will be submitting data to. **The sub-folders should use state abbreviation for naming (ex. VA, etc.).** The subfolder must be located in the homedir/ directory which is where you land once authenticated. Data files not submitted to a state subfolder will be required to have a manual state PMP assignment made on the File Listings screen. See [State Subfolders](#) for additional details on this process.

1. If a Clearinghouse account has not yet been created, perform the steps in [Creating Your Account](#). If a Clearinghouse account already exists, but needs sFTP access added perform the steps in [Adding sFTP to a Registered Account](#).
2. Prepare the data file(s) for submission, using the ASAP 4.2 specifications described in [Appendix A](#).
3. sFTP the file to sftp://sftp.pmpclearinghouse.net.
4. When prompted, use the username and password you entered when setting up the SFTP account.
5. Place the file in the appropriate state abbreviated directory.
6. The user can view the results of the transfer/upload on the Submissions screen.

**Note: If a data file was placed in the root directory and not a state sub-folder, the user will be prompted in the form of a “*Determine PMP*” error at the File Status screen to select a destination PMP (state) to send the data to.**

### 4.2 Web Portal Upload

1. If an account has not yet been created, perform the steps in [Creating Your Account](#).
2. After logging into PMP Clearinghouse, navigate to File Upload in the menu bar.
3. You must select a destination PMP from the available states listed in the drop-down.
4. Click on the “Browse” button and select the file to upload.
5. Click the “Upload” button to begin the process of transferring the file to PMP Clearinghouse.
6. The results of the transfer/upload can be viewed on the File Submissions screen.

PMP Clearinghouse | **File Submissions** | UCF Submissions | Zero Reports | File Upload | Account | My Profile | Help

File Listings / File Upload

**Submission Upload** SUBMIT NEW FILE FOR CONSOLIDATION

### Use this screen to submit files to the PMP System

#### How to Upload Your Files

1. Click the "Browse" button to select a file on your local computer.
2. Click the "Upload" button to begin the uploading process.
3. A confirmation message appears when the upload is finished.

Select PMP  
Select a PMP...

File Upload:

## 4.3 Manual Entry (UCF)

Manual Entry is an option for data submitters to enter their prescription information into the PMP Clearinghouse system using a form derived from the Universal Claims Form. It allows the entry of patient, prescriber, dispenser, and prescription information.

PMP Clearinghouse | **UCF Submissions** | Zero Reports | File Upload | Account | My Profile | Help

UCF Listings / Manage Claim Forms / New Claim Form

**Create Universal Claim Form** MANAGE APPRIS, INC. UCF FORMS

PMP  
\* Pmp

Patient

| Patient Info                         | Patient ID                          | Patient Address                         |
|--------------------------------------|-------------------------------------|---|
| * First Name <input type="text"/>    | Identity Type <input type="text"/>  | * Address <input type="text"/>          |
| * Last Name <input type="text"/>     | Identity Value <input type="text"/> | Apartment or Suite <input type="text"/> |
| * Date of Birth <input type="text"/> | Jurisdiction <input type="text"/>   | * City <input type="text"/>             |
| Gender <input type="text"/>          | Relationship <input type="text"/>   | * State/Province <input type="text"/>   |
| Phone Number <input type="text"/>    |                                     | * Postal Code <input type="text"/>      |

Pharmacy

|   |                                    |
|---|------------------------------------|
| * Name <input type="text"/>             | * Address <input type="text"/>     |
| Phone Number <input type="text"/>       | * City <input type="text"/>        |
| * Identifier Value <input type="text"/> | * State <input type="text"/>       |
|   | * Postal Code <input type="text"/> |

1. If you do not have an account, perform the steps in [Creating Your Account](#).
2. After logging into PMP Clearinghouse, navigate to UCF Submissions in the menu bar.
3. Choose New Claim Form to begin a submission.
4. You must select a destination PMP from the available states listed in the drop-down.
5. Complete all required fields as indicated by a red asterisks (\*).
6. Click Save.
7. Then click Submit.
8. The results can be viewed on the UCF Listing screen.

## 4.4 Zero Reports

If you have no dispensations to report, you must report this information to the VA PMP by performing the following steps:

1. If you do not have an account, perform the steps in [Creating Your Account](#).
2. After logging into PMP Clearinghouse, navigate to Zero Reports in the menu bar.
3. You must select a destination PMP from the available states listed in the drop-down.
4. Enter the start date and end date for the report and click on the “Submit” button. (NCPDP and DEA number are optional)
5. The request will be submitted to PMP Clearinghouse.

**PMP Clearinghouse** File Submissions UCF Submissions **Zero Reports** File Upload Account My Profile Help

**Appriss, Inc. Zero Reports** [MANAGE APPRISS, INC. ZERO REPORTS](#)

**Zero Report Management**

**Create Zero Report**

\* PMP  Ncpdp

\* Start date  Dea number

\* End date

**Appriss, Inc. Zero Reports**

Show 25 entries Search:

| State                      | Start Date | End Date | Ncpdp | Dea number | NPI | Asap File | Date Submitted |
|----------------------------|------------|----------|-------|------------|-----|-----------|----------------|
| No data available in table |            |          |       |            |     |           |                |

Showing 0 to 0 of 0 entries PreviousNext

Zero Reports can also be submitted via sFTP using the ASAP Standard for Zero Reports. For additional details on this method, see [Appendix B - ASAP Zero Report Specifications](#).

## 4.5 Compound Prescription Reporting

### Compound Prescription Reporting

To report a compounded prescription, select CPD from the ID Qual dropdown box. This will fill the Product # box with 9's and will add a table to the Prescription Details section.

**Prescription Details**

Reporting Status: New ▼

Rx Number:

Date Written:

Auth Refills:

Date Filled:

Refill No:

ID Qual:

Product #:

Qty:

Days Supply:

CPD ▼

9999999999

| Number | ID Qual | Product # | Drug Dosage Unit | Qty | Remove | Edit                 |
|--------|---------|-----------|------------------|-----|--------|----------------------|
| 1      |         |           |                  | 0   |        | <a href="#">Edit</a> |
| Add    |         |           |                  |     |        |                      |

The first Qty and Days Supply boxes should be reported as the total quantity and supply for the prescription.

ID Qual:

Product #:

Qty:

Days Supply:

CPD ▼

9999999999

100

100

You will then need to report each controlled substance within the compound. To add the first controlled substance click the blue "Edit" button on the right of the table. This will unlock the row for editing.

| Number | ID Qual | Product # | Drug Dosage Unit   | Qty | Remove | Edit  |
|--------|---------|-----------|--------------------|-----|--------|---|
| 1      | NDC ▼   | 11111111  | Milliliters (ml) ▼ | 1   |        | <a href="#">Update</a> <a href="#">Cancel</a> |
| Add    |         |           |                    |     |        |   |

Enter the data and click on the Update button. This will lock the row and add a remove icon. If there are multiple controlled substances within the compound click on the "Add" button beneath the number '1' and repeat the process.

| Number | ID Qual | Product #  | Drug Dosage Unit | Qty | Remove | Edit                 |
|--------|---------|------------|------------------|-----|--------|----------------------|
| 1      | NDC     | 1111111111 | Milliliters (ml) | 1   |        | <a href="#">Edit</a> |
| 2      |         |            |                  | 0   |        | <a href="#">Edit</a> |
| Add    |         |            |                  |     |        |                      |

Once all controlled substances have been added to the table and all rows have been locked, enter the Drug Dosage Unit for the entire compound, select the payment method, click the certification check box and click on "Save" to save and upload the prescription.

Prescription Details

Reporting Status: New ▼

Rx Number: 
Date Written: 
Auth Refills: 
Date Filled: 
Refill No: 
ID Qual: CPD ▼
Product #: 
Qty: 
Days Supply:

| Number | ID Qual | Product #  | Drug Dosage Unit | Qty | Remove | Edit                 |
|--------|---------|------------|------------------|-----|--------|----------------------|
| 1      | NDC     | 1111111111 | Milliliters (ml) | 1   |        | <a href="#">Edit</a> |
| 2      |         |            |                  | 0   |        | <a href="#">Edit</a> |
| Add    |         |            |                  |     |        |                      |

Drug Dosage Unit: Milliliters (ml) ▼
Rx Origin Code: 
Partial Fill: ☐ Yes ☐ No
Payment Method: Private Pay ▼
Electronic Ref #:

Additional Information Reporting

State Issuing Rx No: VA ▼
State Issued Rx No:

☒ I hereby certify that the information I have entered above is accurate and complete.

Save Back

To confirm that your prescription has been saved successfully, or to edit an accepted prescription, select "Prescription Maintenance" from the "Data Management" tab and search for the Rx number in question.

## 5 Data Compliance

Data Compliance allows users of PMP Clearinghouse to view the status of data files they have submitted.

### 5.1 File Listing

The File Status screen displays information extracted from the data files submitted to PMP Clearinghouse. The screen displays the file name, the number of records identified within the data file, the number of records that contain warnings, the number of records that contain errors, and the date and time of submission. A status column is located at the end of each row displaying the status of the file. If there are errors the status column will state “*Pending Dispensation Error*” and the text will be a hyperlink to the view records screen.

If a file is unable to be parsed into the Clearinghouse application, the appropriate message will display. A new file must be submitted to PMP Clearinghouse. It is not necessary to void a file that failed parsing since it was not successfully submitted to Clearinghouse.

If a file has been submitted by sFTP without using a state specific sub-folder, the file will be displayed and the user will be prompted to select a destination PMP for the data file to be transferred to.

File Listings / File Upload

**File Listings** DATA FILE SUBMISSIONS STATUS (LAST 30 DAYS) All Accounts Error Files Upload File

Show 10 entries Search:

| File                                    | State | Records | Records w/ Warnings | Records w/ Errors | Submitted          | Status                     | Status Report                 |
|---|-------|---------|---------------------|-------------------|--------------------|----------------------------|-------------------------------|
| @prodmpstftp/homedir/SC/SC_20160211.dat | SC    | 72      | 0                   | 1                 | 02/11/2016 08:32AM | Pending Dispensation Error | <a href="#">status report</a> |
| @prodmpstftp/homedir/SC/20160209.dat    | SC    | 251     | 1                   | 0                 | 02/10/2016 09:16AM | ✓                          | <a href="#">status report</a> |
| @prodmpstftp/homedir/SC/SC_20160210.dat | SC    | 69      | -                   | -                 | 02/10/2016 08:21AM | ✓                          | <a href="#">status report</a> |
| @prodmpstftp/homedir/SC/SC_20160208.dat | SC    | 0       | -                   | -                 | 02/09/2016 09:04AM | (duplicate file)           | -                             |
| @prodmpstftp/homedir/SC/SC_20160209.dat | SC    | 67      | 1                   | 0                 | 02/09/2016 09:04AM | ✓                          | <a href="#">status report</a> |
| @prodmpstftp/homedir/SC/20160207.dat    | SC    | 253     | 2                   | 0                 | 02/08/2016 08:59AM | ✓                          | <a href="#">status report</a> |
| @prodmpstftp/homedir/SC/SC_20160208.dat | SC    | 55      | -                   | -                 | 02/08/2016 08:21AM | ✓                          | <a href="#">status report</a> |
| @prodmpstftp/homedir/SC/SC_20160207.dat | SC    | 53      | 0                   | 1                 | 02/07/2016 08:23AM | Pending Dispensation Error | <a href="#">status report</a> |
| @prodmpstftp/homedir/SC/SC_20160206.dat | SC    | 57      | -                   | -                 | 02/06/2016 09:35AM | ✓                          | <a href="#">status report</a> |
| @prodmpstftp/homedir/SC/20160204.dat    | SC    | 249     | -                   | -                 | 02/05/2016 04:07PM | ✓                          | <a href="#">status report</a> |

Showing 1 to 10 of 48 entries

← Previous 1 2 3 4 5 Next →

### 5.2 Claim Forms Listing

The Claim Forms Listing displays the UCF forms submitted to the PMP Clearinghouse. The screen displays number of warning and the number errors. A status column is located at the end of each row displaying the status of the file. If there are errors, then the status column will state “*Pending Dispensation Error*” and the text will be a hyperlink to the view records screen.

### 5.3 View Records

The view records screen provides a deeper view of the records within a selected data file that need correcting. The screen displays Prescription Number, Segment Type, Warning Count, and Error Count. A “Correct” button is displayed at the end of each row that will allow the user to make corrections to the record.

To view the records that need correcting:

1. Click on the *"Pending Dispensation Error"* hyperlink in the status column.
2. The View Records screen is displayed.
3. Click on the correct button at the end of the row for the record you want to correct.

## 5.4 Error Correction

The Error Correction screen allows a user to make corrections to data submitted that did not pass the validation rules. The screen displays all the fields contained within the record and the originally submitted value. A "Corrected Value" column displays the values the user enters to correct the error. The "Message" column displays the relevant error message for the field explaining why it did not pass the validation rules.

**For files that failed to parse, the error identified is "best effort" and any information we could not parse is listed as "unparseable" in the file. A corrected file should be submitted.**

To correct records:

1. Identify the fields displayed that require corrections.
2. Enter the new corrected value into the corrected value column.
3. Click Submit.
4. The error will be processed through the validation rules.
  - a. If the changes pass the validation rules, the record will be identified as valid and the File Status and View Records screen will be updated.
  - b. If the changes fail the validation rules, the record will continue to be identified as needing corrections. The error message will be updated to identify any new error message.
5. Data submitters shall correct and resubmit to the vendor any data not accepted due to a substantial number of errors or omissions. This must occur within 5 business days of receiving notification of same.

File Listings / File Errors / Drug Errors

**Drug Errors** MANAGE AND RESOLVE SUBMISSION ISSUES

Prescription Number: 4045617 Dos Number: Ncdp Identifier: Filled At: 2016-02-10

| Field                   | Submitted Value | Corrected Value      | Messages  |
|-------------------------|-----------------|----------------------|---|
| Sequence                | 2               | 2                    | ✓   |
| Product identifier type | 01              | NDC                  | ✓   |
| Product identifier      | 00574007216     | 00574007216          | ✓   |
| Quantity                |                 | <input type="text"/> | <b>Errors:</b><br>Quantity value must be present. |
| Units                   |                 |                      | ✓   |
| Pmix strength text      |                 |                      | ✓   |
| Pmix product name text  |                 |                      | ✓   |

Submit Cancel

## 6 Email Reports

Email status reports will be automatically sent to the users associated with a data submitter account. The emailed reports are used to both identify errors in files that have been submitted and confirm a zero report submission.

### 6.1 File Failed Report

The File Failed report identifies if the submitted file was not able to be parsed and was not processed into PMP Clearinghouse. The file contains a description of the error encountered within the file. In the event of a failed file, a new file should be submitted with the necessary corrections. Failed files are not parsed into Clearinghouse and do not require a Void ASAP file to remove it from the system. An example of a File Fail report is:

SUBJ: Virginia ASAP file: fake-test3.txt - Parse Failure

BODY:  
Error Message

-----  
Failed to decode the value '04' for the bean id 'transactionControlType'.

Summary:

\* File Name: fake-test3.txt  
\* ASAP Version: 4.2  
\* Transaction Control Number: unparseable  
\* Transaction Control Type: unparseable  
\* Date of Submission: January 30, 2016

NOTE: This file could not be received into the system because the system could not recognize its content as a valid ASAP format. Action is required to resolve the issues and a subsequent file should be submitted. As such the information provided in this report is "best effort" and any information we could not parse is listed as "unparseable" in the fields above.

### 6.2 File Status Report

The File Status report is a report sent to notify the data submitter that a data file is currently being parsed by the state PMP system. The report notifies users of the following scenarios:

- **Total Records:** The total number of records contained in the submitted data file
- **Duplicate Records:** The number of records that were identified as already existing within the PMP system. Duplicate records are not imported to prevent improper patient information
- **Records in Process:** The number of records remaining to be processed into the system (usually only displays a number if the file has not finished loading at the time the report is sent out). **Records remaining to be processed will continue to be processed even after the status report is sent.**
- **Records with Errors:** Shows how many records that contain errors. These errors will need to be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no errors in the data.

- Records with Warnings: Shows how many records that contain warnings. These warnings do not need to be corrected for the record to be imported into the system. If a zero (0) is displayed, there are no warnings in the data.
- Records imported with warnings: Shows the number of records that were imported if they had warnings. Records with warning and errors must have the errors corrected to be submitted into the system.
- Records imported without warnings: Shows the number of records that were imported that had no warnings.

**The initial report is sent out 2 hours after the file has been submitted to the system. Status reports will be received every 24 hours after if errors are continued to be identified within a submitted data file.**

The report identifies specific records in the submitted data file and returns identifying information about the record and the specific error identified during the validation process. The report uses fixed width columns and contains a summary section after the error listings. Each column contains a blank 2-digit pad at the end of the data. The columns are set to the following lengths:

| Column       | Length      |
|--------------|-------------|
| DEA          | 11 (9+pad)  |
| NCPDP        | 9 (7+pad)   |
| NPI          | 12 (10+pad) |
| Prescription | 27 (25+pad) |
| Filled       | 10 (8+pad)  |
| Segment      | 18 (16+pad) |
| Field        | 18 (16+pad) |
| Type         | 9 (7+pad)   |
| Message      | Arbitrary   |

An example of the report is:

SUBJ: Virginia ASAP file: fake-test3.txt - Status Report

BODY:

| DEA       | NCPDP   | NPI        | Prescription     | Filled   | Segment      | Field         | Type    | Message         |
|-----------|---------|------------|------------------|----------|--------------|---------------|---------|-----------------|
| BE1234567 | 1347347 | 9034618394 | 123486379596-0   | 20130808 | Dispensation | refill_number | WARNING | message example |
| DE9841394 | 3491849 | 4851947597 | 357199504833-345 | 20130808 | Dispensation | days_supply   | ERROR   | message example |

Summary:

- \* File Name: fake-test3.txt
- \* ASAP Version: 4.2
- \* Transaction Control Number: 23489504823
- \* Transaction Control Type: send
- \* Date of Submission: January 30, 2016
- \* Total Record Count: ###
- \* Duplicate Records: ###
- \* In Process Count: ###
- \* Records with Error Count: ###
- \* Imported Records Count: ###
- \* Records Imported with Warning Count: ###

### 6.3 Zero Report Confirmation

A Zero Report confirmation email is sent to a data submitter who successfully submits a zero report into PMP Clearinghouse. The report displays the PMP states the zero report was submitted to, the date range to be used in the zero report, the date the zero report was submitted to Clearinghouse, and the date the report was originally created by the data submitter. An example of the report is:

SUBJ: ASAP Zero Report: zero\_reports\_20130301VAMCPS.DAT

BODY:

Summary:

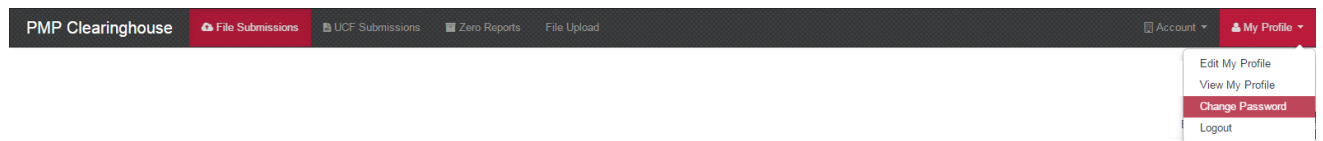
- \* File Name: zero\_reports\_20130301VAMCPS.DAT
- \* PMP Name: Virginia
- \* Date Range: 2013-03-06 - 2013-03-06
- \* Submission Date: 2013-08-23
- \* Asap Creation Date: 2013-03-06

## 7 Password Management

Password management can be handled within PMP Clearinghouse by the user. A user is able to proactively change their password before it expires within the application through their user profile. If a password has expired, or if the user has forgotten the password, they can use “Forgot your password” to change their password.

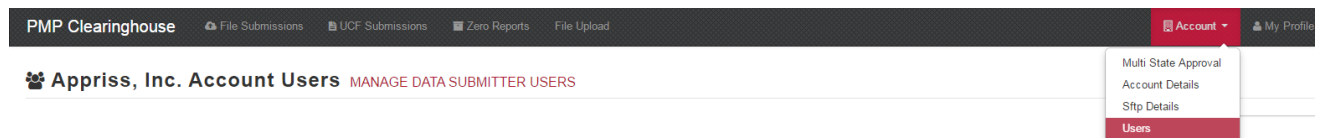
### 7.1 Changing Your Password

1. When a user wants to change their current password, they navigate to their My Profile section.
2. The user selects the navigation menu item for ‘Change Password’.
3. The user must then enter their current password and enter a new password twice.
4. The new password will take effect once the user has logged out of the application.



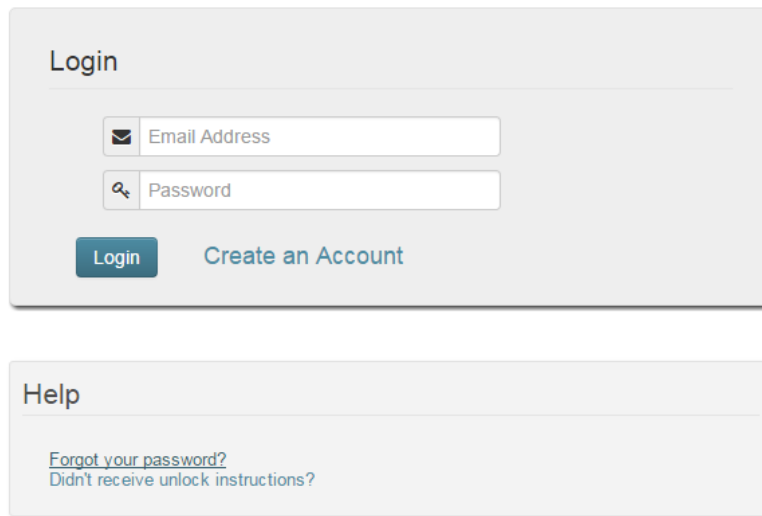
### 7.2 Changing Passwords for Another User

1. Navigate to the Accounts menu option and select Users.
2. Select the Edit button for the desired user.
3. Create a new password for the user and click submit.
4. The user will now use the new password for logging into PMP Clearinghouse.



### 7.3 Forgot Your Password

1. When a user has forgotten their password or their password has expired, the user should click on the link named “Forgot your password” located on the log in screen.
2. The user must enter the email address they used to register with the application.
3. The user will receive an email containing a link to reset the password for the user’s account.
4. The user must enter the new password twice and then save the password.



The image shows two separate UI components. The top component is a 'Login' form with a title 'Login' and a horizontal separator line. Below the line are two input fields: the first is labeled 'Email Address' with an envelope icon, and the second is labeled 'Password' with a magnifying glass icon. At the bottom of the form are two buttons: a dark blue 'Login' button and a light blue 'Create an Account' button. The bottom component is a 'Help' section with a title 'Help' and a horizontal separator line. Below the line are two links: 'Forgot your password?' and 'Didn't receive unlock instructions?'. Both components have a light gray background and rounded corners.

Login

Email Address

Password

Login Create an Account

Help

[Forgot your password?](#)  
[Didn't receive unlock instructions?](#)

## 8 User Profile

### 8.1. Adding Users to Your Account

PMP Clearinghouse allows data submitters to add new users to the system that will have the same rights and access to submitting and viewing file status. This practice will allow a data submitter to create an account to be used for a backup individual.

1. In Account in the menu bar, the user can select to add users under the section titled “Users”.
2. Click the “New User” button and enter the first name, last name, and email address for the new user.
3. Once saved, the new user will be able to log into PMP Clearinghouse.
  - a. The new user will use the email address used when creating their account.
  - b. The new user must use the “Forgot your password” link to create a password for their account.
4. The new user can now log in and view all data files that have been submitted under the account.

### 8.2. Adding States to Your Account

If a registered user of PMP Clearinghouse needs to submit data files to an additional state using PMP AWARe, the user can submit the request through their Account settings page.

1. Navigate to Account in the main menu and select “Multi State Approval” from the dropdown.
2. The page that displays lists the current states the account has requested to submit data to and the current approval from that state.
3. To submit to a new state using PMP AWARe, simply check the state on the list. This will send the data submission request to the desired state’s PMP Administrator for approval.
4. After approval has been granted, the status will change from “Pending” to “Approved”. The account may begin submitting data to the new state.

**Note:** If submitting by sFTP, data must be located in the proper sub-folder to ensure proper delivery to the desired state PMP.

PMP Clearinghouse

File Submissions

UCF Submissions

Zero Reports

File Upload

Account

My Profile

Appriss, Inc. Account

MULTI STATE APPROVAL

Please select state PMPs that will receive data from this account.

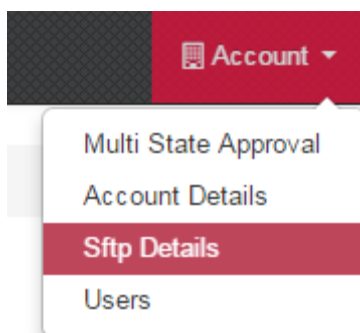
We will not allow data into a state PMP from this account until the appropriate state administrator has approved this account.

| Abbv                                | State             | Status   |
|-------------------------------------|-------------------|----------|
| <input checked="" type="checkbox"/> | AK Alaska         | Approved |
| <input checked="" type="checkbox"/> | ID Idaho          | Approved |
| <input checked="" type="checkbox"/> | KS Kansas         | Approved |
| <input checked="" type="checkbox"/> | MS Mississippi    | Approved |
| <input checked="" type="checkbox"/> | NV Nevada         | Approved |
| <input checked="" type="checkbox"/> | ND North Dakota   | Approved |
| <input checked="" type="checkbox"/> | SC South Carolina | Approved |
| <input type="checkbox"/>            | SD South Dakota   |          |

Participating States | Your Approval Status

### 8.3. Adding sFTP to a Registered Account

If a registered account did not request an sFTP account during the registration process, a user of the account can request one in the Account options.



1. Navigate to the Account drop down menu and select sFTP Details.
2. Select the button to request an sFTP account.

**Note:** If an sFTP account already exists, the username will be displayed on this screen.

3. Enter the desired password for the sFTP account.
4. The sFTP username will be displayed on the screen after the sFTP account has been created.

## 9 Document Information

### Disclaimer

Appriss has made every effort to ensure the accuracy of the information in this document at the time of printing. However, information may change without notice.

### Revision History

| Version | Date       | Changes   |
|---------|------------|---|
| 1.0     | 9/26/16    | <ul style="list-style-type: none"><li>• Initial Draft</li></ul>   |
| 1.1     | 10/11/16   | <ul style="list-style-type: none"><li>• Updated to 4.1, added compound section, changed/added other language in document per customer specs</li></ul>   |
| 1.2     | 11/10/16   | <ul style="list-style-type: none"><li>• Updated ISO3 fields</li></ul>   |
| 1.3     | 12/20/16   | <ul style="list-style-type: none"><li>• Updated verbiage on page 4 reflecting 24-hour requirement for dispensation submissions</li></ul>  |
| 1.4     | 02/17/17   | <ul style="list-style-type: none"><li>• Updated Verbiage on page 4 referencing non-resident Pharmacies</li><li>• Updated ASAP Requirements to ASAP 4.2 which now require NPI, Gender, Species Code, Partial Fill Info and Electronic Prescribing Info</li></ul> |
| 1.4     | 08/11/2017 | <ul style="list-style-type: none"><li>• Pg. 16 added a 5th state to error correction, it states Data submitters shall correct and resubmit to the vendor any data not accepted due to a substantial number of errors or</li></ul>                               |

|  |  |  |
|--|--|--|
|  |  | omissions, within 5 business days of receiving notification of same. |
|--|--|--|

## 10 Assistance and Support

### Technical Assistance

If you need additional help with any of the procedures outlined in this guide, you can:

Contact Appriss at

1-855-482-4767

Create a support request using the following

URL <https://apprissmpclearinghouse.zendesk.com/hc/en-us/requests/new>

Technical assistance is available 8am – 8pm M-F EST, 365 days a year.

### Administrative Assistance

1-804-367-1030

## 11 Appendix A – ASAP 4.2 Specifications

The following information is the required definitions for submitting ASAP 4.2 records to VA PMP.

The following table will list the Segment, Element ID, Element Name, and Requirement. The Requirement column uses the following codes:

- R = Required by VA
- N = Not Required but Accepted if Submitted
- S = Situational
- P = Preferred, Please Submit

| Element ID  | Element Name  | Requirement |
|---|---|-------------|
| <b>TH – Transaction Header - Required</b>   |   |             |
| To indicate the start of a transaction. It also assigns the segment terminator, data element separator, and control number. |   |             |
| <b>TH01</b>   | <b>Version/Release Number</b><br>Code uniquely identifying the transaction.<br>Format = x.x   | <b>R</b>    |
| <b>TH02</b>   | <b>Transaction Control Number</b><br>Sender assigned code uniquely identifying a transaction.   | <b>R</b>    |
| <b>TH03</b>   | <b>Transaction Type</b><br>Identifies the purpose of initiating the transaction. <ul style="list-style-type: none"> <li>• 01 Send/Request Transaction</li> <li>• 02 Acknowledgement (used in Response only)</li> <li>• 03 Error Receiving (used in Response only)</li> <li>• 04 Void (used to void a specific Rx in a real-time transmission or an entire batch that has been transmitted)</li> </ul> | <b>N</b>    |
| <b>TH04</b>   | <b>Response ID</b><br>Contains the Transaction Control Number of a transaction that initiated the transaction. Required in response transaction only.   | <b>N</b>    |
| <b>TH05</b>   | <b>Creation Date</b><br>Date the transaction was created. Format: CCYYMMDD.   | <b>R</b>    |
| <b>TH06</b>   | <b>Creation Time</b><br>Time the transaction was created. Format: HHMMSS or HHMM.   | <b>R</b>    |

|   |   |          |
|---|---|----------|
| <b>TH07</b>   | <b>File Type</b> <ul style="list-style-type: none"> <li>• P = Production</li> <li>• T = Test</li> </ul>   | <b>R</b> |
| <b>TH08</b>   | <b>Routing Number</b><br>Reserved for real-time transmissions that go through a network switch to indicate, if necessary, the specific state PMP the transaction should be routed to. | <b>N</b> |
| <b>TH09</b>   | <b>Segment Terminator Character</b><br>Sets the actual value of the data segment terminator for the entire transaction.   | <b>R</b> |
| <b>IS – Information Source – Required</b><br>To convey the name and identification numbers of the entity supplying the information.   |   |          |
| <b>IS01</b>   | <b>Unique Information Source ID</b><br>Reference number or identification number.<br>(Example: phone number)  | <b>R</b> |
| <b>IS02</b>   | <b>Information Source Entity Name</b><br>Entity name of the Information Source.   | <b>R</b> |
| <b>IS03</b>   | <b>Message</b><br>Free-form text message.   | <b>N</b> |
| <b>PHA – Pharmacy Header – Required</b><br>To identify the pharmacy or the dispensing prescriber. It is required that information be provided in at least one of the following fields: PHA01, PHA02, or PH03. |   |          |
| <b>PHA01</b>  | <b>National Provider Identifier (NPI)</b><br>Identifier assigned to the pharmacy by CMS.  | <b>P</b> |
| <b>PHA02</b>  | <b>NCPDP/NABP Provider ID</b><br>Identifier assigned to pharmacy by the National Council for Prescription Drug Programs.  | <b>P</b> |
| <b>PHA03</b>  | <b>DEA Number</b><br>Identifier assigned to the pharmacy by the Drug Enforcement Administration.  | <b>R</b> |
| <b>PHA04</b>  | <b>Pharmacy Name</b><br>Freeform name of the pharmacy.  | <b>N</b> |
| <b>PHA05</b>  | <b>Address Information – 1</b><br>Freeform text for address information.  | <b>N</b> |
| <b>PHA06</b>  | <b>Address Information – 2</b><br>Freeform text for address information.  | <b>S</b> |

|   |  |          |
|---|--|----------|
| <b>PHA07</b>  | <b>City Address</b><br>Freeform text for city name.  | <b>N</b> |
| <b>PHA08</b>  | <b>State Address</b><br>U.S. Postal Service state code.  | <b>N</b> |
| <b>PHA09</b>  | <b>ZIP Code Address</b><br>U.S. Postal Service ZIP Code.   | <b>N</b> |
| <b>PHA10</b>  | <b>Phone Number</b><br>Complete phone number including area code. Do not include hyphens.  | <b>N</b> |
| <b>PHA11</b>  | <b>Contact Name</b><br>Free-form name.   | <b>N</b> |
| <b>PHA12</b>  | <b>Chain Site ID</b><br>Store number assigned by the chain to the pharmacy location. Used when PMP needs to identify the specific pharmacy from which information is required.   | <b>S</b> |
| <b>PAT – Patient Information – Required</b><br>Used to report the patient’s name and basic information as contained in the pharmacy record. |  |          |
| <b>PAT01</b>  | <b>ID Qualifier of Patient Identifier</b><br>Code identifying the jurisdiction that issues the ID in PAT03.  | <b>S</b> |
| <b>PAT02</b>  | <b>ID Qualifier</b><br>Code to identify the type of ID in PAT03. If PAT02 is used, PAT03 is required. <ul style="list-style-type: none"> <li>• 01 Military ID</li> <li>• 02 State Issued ID</li> <li>• 03 Unique System ID</li> <li>• 04 Permanent Resident Card (Green Card)</li> <li>• 05 Passport ID</li> <li>• 06 Driver’s License ID</li> <li>• 07 Social Security Number</li> <li>• 08 Tribal ID</li> <li>• 99 Other (agreed upon ID)</li> </ul> | <b>P</b> |
| <b>PAT03</b>  | <b>ID of Patient</b><br>Identification number for the patient as indicated in PAT02. An example would be the driver’s license number.  | <b>P</b> |

|              |   |          |
|--------------|---|----------|
| <b>PAT04</b> | <b>ID Qualifier of Additional Patient Identifier</b><br>Code identifying the jurisdiction that issues the ID in PAT06. Used if the PMP requires such identification.  | <b>N</b> |
| <b>PAT05</b> | <b>Additional Patient ID Qualifier</b><br>Code to identify the type of ID in PAT06 if the PMP requires a second identifier. If PAT05 is used, PAT06 is required. <ul style="list-style-type: none"> <li>• 01 Military ID</li> <li>• 02 State Issued ID</li> <li>• 03 Unique System ID</li> <li>• 04 Permanent Resident Card (Green Card)</li> <li>• 05 Passport ID</li> <li>• 06 Driver's License ID</li> <li>• 07 Social Security Number</li> <li>• 08 Tribal ID</li> <li>• 99 Other (agreed upon ID)</li> </ul> | <b>N</b> |
| <b>PAT06</b> | <b>Additional ID</b><br>Identification that might be required by the PMP to further identify the individual. An example might be in that PAT03 driver's license is required and in PAT06 Social Security number is also required.   | <b>N</b> |
| <b>PAT07</b> | <b>Last Name</b><br>Patient's last name.  | <b>R</b> |
| <b>PAT08</b> | <b>First Name</b><br>Patient's first name.  | <b>R</b> |
| <b>PAT09</b> | <b>Middle Name</b><br>Patient's middle name or initial if available.  | <b>S</b> |
| <b>PAT10</b> | <b>Name Prefix</b><br>Patient's name prefix such as Mr. or Dr.  | <b>N</b> |
| <b>PAT11</b> | <b>Name Suffix</b><br>Patient's name suffix such as Jr. or the III.   | <b>S</b> |
| <b>PAT12</b> | <b>Address Information – 1</b><br>Free-form text for street address information.  | <b>R</b> |
| <b>PAT13</b> | <b>Address Information – 2</b><br>Free-form text for additional address information.  | <b>S</b> |
| <b>PAT14</b> | <b>City Address</b><br>Free-form text for city name.  | <b>R</b> |

|              |   |          |
|--------------|---|----------|
| <b>PAT15</b> | <b>State Address</b><br>U.S. Postal Service state code<br>Note: Field has been sized to handle international patients not residing in the U.S.  | <b>R</b> |
| <b>PAT16</b> | <b>ZIP Code Address</b><br>U.S. Postal Service ZIP code.<br>Populate with zeros if patient address is outside the U.S.  | <b>R</b> |
| <b>PAT17</b> | <b>Phone Number</b><br>Complete phone number including area code. Do not include hyphens. For situations in which the patient does not have a phone number, submit ten 9's.   | <b>P</b> |
| <b>PAT18</b> | <b>Date of Birth</b><br>Date patient was born.<br>Format: CCYYMMDD.   | <b>R</b> |
| <b>PAT19</b> | <b>Gender Code</b><br>Code indicating the sex of the patient. <ul style="list-style-type: none"> <li>• F Female</li> <li>• M Male</li> <li>• U Unknown</li> </ul>   | <b>R</b> |
| <b>PAT20</b> | <b>Species Code</b><br>Used if required by the PMP to differentiate a prescription for an individual from one prescribed for an animal. <ul style="list-style-type: none"> <li>• 01 Human</li> <li>• 02 Veterinary Patient</li> </ul> | <b>R</b> |

|  |   |          |
|--|---|----------|
| <b>PAT21</b>   | <b>Patient Location Code</b><br>Code indicating where patient is located when receiving pharmacy services. <ul style="list-style-type: none"> <li>• 01 Home</li> <li>• 02 Intermediary Care</li> <li>• 03 Nursing Home</li> <li>• 04 Long-Term/Extended Care</li> <li>• 05 Rest Home</li> <li>• 06 Boarding Home</li> <li>• 07 Skilled-Care Facility</li> <li>• 08 Sub-Acute Care Facility</li> <li>• 09 Acute Care Facility</li> <li>• 10 Outpatient</li> <li>• 11 Hospice</li> <li>• 98 Unknown</li> <li>• 99 Other</li> </ul>                                      | <b>P</b> |
| <b>PAT22</b>   | <b>Country of Non-U.S. Resident</b><br>Used when the patient's address is a foreign country and PAT12 through PAT16 are left blank.   | <b>N</b> |
| <b>PAT23</b>   | <b>Name of Animal</b><br>Used if required by the PMP for prescriptions written by a veterinarian and the pharmacist has access to this information at the time of dispensing the prescription.  | <b>S</b> |
| <b>DSP – Dispensing Record – Required</b><br>To identify the basic components of a dispensing of a given prescription order including the date and quantity. |   |          |
| <b>DSP01</b>   | <b>Reporting Status</b><br>DSP01 requires one of the following codes, and an empty or blank field no longer indicates a new prescription transaction: <ul style="list-style-type: none"> <li>• 00 New Record (indicates a new prescription dispensing transaction)</li> <li>• 01 Revise (indicates that one or more data element values in a previously submitted transaction are being revised)</li> <li>• 02 Void (message to the PMP to remove the original prescription transaction from its data, or to mark the record as invalid or to be ignored).</li> </ul> | <b>R</b> |

|              |   |          |
|--------------|---|----------|
| <b>DSP02</b> | <b>Prescription Number</b><br>Serial number assigned to the prescription by the pharmacy.   | <b>R</b> |
| <b>DSP03</b> | <b>Date Written</b><br>Date the prescription was written (authorized).<br>Format: CCYYMMDD  | <b>R</b> |
| <b>DSP04</b> | <b>Refills Authorized</b><br>The number of refills authorized by the prescriber.  | <b>R</b> |
| <b>DSP05</b> | <b>Date Filled</b><br>Date prescription was dispensed. Format: CCYYMMDD   | <b>R</b> |
| <b>DSP06</b> | <b>Refill Number</b><br>Number of the fill of the prescription.<br>0 indicates New Rx; 01-99 is the refill number.  | <b>R</b> |
| <b>DSP07</b> | <b>Product ID Qualifier</b><br>Used to identify the type of product ID contained in DSP08. <ul style="list-style-type: none"> <li>• 01 NDC</li> <li>• 06 Compound</li> </ul>  | <b>R</b> |
| <b>DSP08</b> | <b>Product ID</b><br>Full product identification as indicated in DSP07, including leading zeros without punctuation. If Compound is indicated in DSP07 then use 99999 as the first 5 characters; CDI then becomes required. | <b>R</b> |
| <b>DSP09</b> | <b>Quantity Dispensed</b><br>Number of metric units dispensed in metric decimal format. Example: 2.5<br>Note: For compounds show the first quantity in CDI04.   | <b>R</b> |
| <b>DSP10</b> | <b>Days Supply</b><br>Estimated number of days the medication will last.  | <b>R</b> |
| <b>DSP11</b> | <b>Drug Dosage Units Code</b><br>Identifies the unit of measure for the quantity dispensed in DSP09. <ul style="list-style-type: none"> <li>• 01 Each</li> <li>• 02 Milliliters (ml)</li> <li>• 03 Grams (gm)</li> </ul>    | <b>R</b> |

|              |  |          |
|--------------|--|----------|
| <b>DSP12</b> | <b>Transmission Form of Rx Origin Code</b><br>Code indicating how the pharmacy received the prescription. <ul style="list-style-type: none"> <li>• 01 Written Prescription</li> <li>• 02 Telephone Prescription</li> <li>• 03 Telephone Emergency Prescription</li> <li>• 04 Fax Prescription</li> <li>• 05 Electronic Prescription</li> <li>• 99 Other</li> </ul>   | <b>P</b> |
| <b>DSP13</b> | <b>Partial Fill Indicator</b><br>To indicate whether it is a partial fill. <ul style="list-style-type: none"> <li>• 00 Not a partial fill</li> <li>• 01 First partial fill</li> </ul> Note: For additional fills per prescription, increment by 1. So the second partial fill would be reported as 02, up to a maximum of 99.  | <b>R</b> |
| <b>DSP14</b> | <b>Pharmacist National Provider Identifier (NPI)</b><br>Identifier assigned to the pharmacist by CMS. This number can be used to identify the pharmacist dispensing the medication.  | <b>N</b> |
| <b>DSP15</b> | <b>Pharmacist State License Number</b><br>This data element can be used to identify the pharmacist dispensing the medication.<br>Assigned to the pharmacist by the State Licensing Board.  | <b>S</b> |
| <b>DSP16</b> | <b>Classification Code for Payment Type</b><br>Code identifying the type of payment, i.e. how it was paid for. <ul style="list-style-type: none"> <li>• 01 Private Pay (cash, check, debit, credit)</li> <li>• 02 Medicaid</li> <li>• 03 Medicare</li> <li>• 04 Commercial Insurance</li> <li>• 05 Military Installations and VA</li> <li>• 06 Workers' Compensation</li> <li>• 07 Indian Nations</li> <li>• 99 Other</li> </ul> | <b>R</b> |

|   |   |          |
|---|---|----------|
| <b>DSP17</b>  | <b>Date Sold</b><br>Used to determine the date the prescription left the pharmacy, not the date it was filled, if the dates differ.<br>Format: CCYYMMDD   | <b>S</b> |
| <b>DSP18</b>  | <b>RxNorm Code Qualifier</b><br>RXNorm Code that is populated in the DRU-010-09 field in the SCRIPT transaction. <ul style="list-style-type: none"> <li>• 01 Sematic Clinical Drug (SCD)</li> <li>• 02 Semantic Branded Drug (SBD)</li> <li>• 03 Generic Package (GPCK)</li> <li>• 04 Branded Package (BPCK)</li> </ul> | <b>S</b> |
| <b>DSP19</b>  | <b>RxNorm Code</b><br>Used for electronic prescriptions to capture the prescribed drug product identification.  | <b>S</b> |
| <b>DSP20</b>  | <b>Electronic Prescription Reference Number</b><br>This field should be populated with the Initiator Reference Number from field UIB-030-01 in the SCRIPT transaction.  | <b>R</b> |
| <b>DSP21</b>  | <b>Electronic Prescription Order Number</b><br>This field will be populated with the Initiator Control Reference from field UIH-030-01 in the SCRIPT standard.  | <b>R</b> |
| <b>PRE – Prescriber Information – Required</b><br>To identify the prescriber of the prescription. |   |          |
| <b>PRE01</b>  | <b>National Provider Identifier (NPI)</b><br>Identifier assigned to the prescriber by CMS.  | <b>R</b> |
| <b>PRE02</b>  | <b>DEA Number</b><br>Identifying number assigned to a prescriber or an institution by the Drug Enforcement Administration (DEA).  | <b>R</b> |
| <b>PRE03</b>  | <b>DEA Number Suffix</b><br>Identifying number assigned to a prescriber by an institution when the institution's number is used as the DEA number.  | <b>N</b> |
| <b>PRE04</b>  | <b>Prescriber State License Number</b><br>Identification assigned to the Prescriber by the State Licensing Board.   | <b>P</b> |
| <b>PRE05</b>  | <b>Last Name</b><br>Prescriber's last name.   | <b>N</b> |
| <b>PRE06</b>  | <b>First Name</b><br>Prescriber's first name.   | <b>S</b> |

|   |  |          |
|---|--|----------|
| <b>PRE07</b>  | <b>Middle Name</b><br>Prescriber's middle name or initial.   | <b>N</b> |
| <b>CDI – Compound Drug Ingredient Detail – Situational</b><br>To identify the individual ingredients that make up a compound. |  |          |
| <b>CDI01</b>  | <b>Compound Drug Ingredient Sequence Number</b><br>First reportable ingredient is 1; each additional reportable Ingredient is increment by 1.  | <b>S</b> |
| <b>CDI02</b>  | <b>Product ID Qualifier</b><br>Code to identify the type of product ID contained in CDI03.<br><ul style="list-style-type: none"> <li>01 NDC</li> </ul>   | <b>S</b> |
| <b>CDI03</b>  | <b>Product ID</b><br>Full product identification as indicated in CDI02, including leading zeros without punctuation.   | <b>S</b> |
| <b>CDI04</b>  | <b>Compound Ingredient Quantity</b><br>Metric decimal quantity of the ingredient identified in CDI03.<br><ul style="list-style-type: none"> <li>Example: 2.5</li> </ul>  | <b>S</b> |
| <b>CDI05</b>  | <b>Compound Drug Dosage Units Code</b><br>Identifies the unit of measure for the quantity dispensed in CDI04.<br><ul style="list-style-type: none"> <li>01 Each (used to report as package)</li> <li>02 Milliliters (ml) (for liters; adjust to the decimal milliliter equivalent)</li> <li>03 Grams (gm) (for milligrams; adjust to the decimal gram equivalent)</li> </ul> | <b>S</b> |
| <b>AIR – Additional Information Reporting – Situational</b><br>To report other information if required by the state.          |  |          |
| <b>AIR01</b>  | <b>State Issuing Rx Serial Number</b><br>U.S.P.S. state code of state that issued serialized prescription blank. This is required if AIR02 is used.  | <b>N</b> |
| <b>AIR02</b>  | <b>State Issued Rx Serial Number</b><br><ul style="list-style-type: none"> <li>Number assigned to state issued serialized prescription blank.</li> </ul>   | <b>N</b> |
| <b>AIR03</b>  | <b>Issuing Jurisdiction</b><br>Code identifying the jurisdiction that issues the ID in AIR04. Used if required by the PMP and AIR04 is equal to 02 or 06.  | <b>N</b> |

|  |  |          |
|--|--|----------|
| <b>AIR04</b>   | <b>ID Qualifier of Person Dropping Off or Picking Up Rx</b><br>Used to identify the type of ID contained in AIR05 for person dropping off or picking up the prescription. <ul style="list-style-type: none"> <li>• 01 Military ID</li> <li>• 02 State Issued ID</li> <li>• 03 Unique System ID</li> <li>• 04 Permanent Resident Card (Green Card)</li> <li>• 05 Passport ID</li> <li>• 06 Driver's License ID</li> <li>• 07 Social Security Number</li> <li>• 08 Tribal ID</li> <li>• 99 Other (agreed upon ID)</li> </ul> | <b>N</b> |
| <b>AIR05</b>   | <b>ID of Person Dropping Off or Picking Up Rx</b><br>ID number of patient or person picking up or dropping off the prescription.   | <b>N</b> |
| <b>AIR06</b>   | <b>Relationship of Person Dropping Off or Picking Up Rx</b><br>Code indicating the relationship of the person. <ul style="list-style-type: none"> <li>• 01 Patient</li> <li>• 02 Parent/Legal Guardian</li> <li>• 03 Spouse</li> <li>• 04 Caregiver</li> <li>• 99 Other</li> </ul>   | <b>N</b> |
| <b>AIR07</b>   | <b>Last Name of Person Dropping Off or Picking Up Rx</b><br>Last name of person picking up the prescription.   | <b>N</b> |
| <b>AIR08</b>   | <b>First Name of Person Dropping Off or Picking Up Rx</b> <ul style="list-style-type: none"> <li>• First name of person picking up the prescription.</li> </ul>  | <b>N</b> |
| <b>AIR09</b>   | <b>Last Name or Initials of Pharmacist</b><br>Last name or initials of pharmacist dispensing the medication.   | <b>N</b> |
| <b>AIR10</b>   | <b>First Name of Pharmacist</b><br>First name of pharmacist dispensing the medication.   | <b>N</b> |
| <b>TP – Pharmacy Trailer – Required</b><br>To identify the end of the data for a given pharmacy and to provide a count of the total number of detail segments included for the pharmacy. |  |          |

|  |  |          |
|--|--|----------|
| <b>TP01</b>  | <b>Detail Segment Count</b><br>Number of detail segments included for the pharmacy including the pharmacy header (PHA) including the pharmacy trailer (TP) segments.     | <b>R</b> |
| <b>TT – Transaction Trailer – Required</b><br>To identify the end of the transaction and to provide the count of the total number of segments included in the transaction. |  |          |
| <b>TT01</b>  | <b>Transaction Control Number</b><br>Identifying control number that must be unique.<br>Assigned by the originator of the transaction.<br>Must match the number in TH02. | <b>R</b> |
| <b>TT02</b>  | <b>Segment Count</b> <ul style="list-style-type: none"> <li>Total number of segments included in the transaction including the header and trailer segments.</li> </ul>   | <b>R</b> |

## 12 Appendix B – ASAP Zero Report Specifications

The following information table contains the required definitions for submitting Zero Reports via sFTP or manual upload to Virginia PMP. The table below lists the Segment and Element ID with prepopulated data to be used as an example for constructing a Zero Report. For more details regarding these Segment or Elements IDs or for the purposes of reporting actual dispensations please refer to the previous section, [Appendix A – ASAP 4.2 Specifications](#)

| Element ID                                    | Element Name                                  | Requirement |
|---|---|-------------|
| <b>TH – Transaction Header - Required</b>     |   |             |
| TH01  | 4.2   | R           |
| TH02  | 123456  | R           |
| TH05  | 20150101                                      | R           |
| TH06  | 223000  | R           |
| TH07  | P   | R           |
| TH09  | \\  | R           |
| <b>IS – Information Source – Required</b>     |   |             |
| IS01  | 7705555555                                    | R           |
| IS02  | PHARMACY NAME                                 | R           |
| IS03  | Date Range of Report<br>#CCYYMMDD#-#CCYYMMDD# | R           |
| <b>PHA – Pharmacy Header – Required</b>       |   |             |
| PHA03   | ZZ1234567                                     | R           |
| <b>PAT – Patient Information – Required</b>   |   |             |
| PAT07   | REPORT  | R           |
| PAT08   | ZERO  | R           |
| <b>DSP – Dispensing Record – Required</b>     |   |             |
| DSP05   | 20150101                                      | R           |
| <b>PRE – Prescriber Information</b>           |   | R           |
| <b>CDI – Compound Drug Ingredient Detail</b>  |   |             |
| <b>AIR – Additional Information Reporting</b> |   |             |
| <b>TP – Pharmacy Trailer – Required</b>       |   |             |
| TP01  | 7   | R           |
| <b>TT – Transaction Trailer – Required</b>    |   |             |
| TT01  | 123456  | R           |
| TT02  | 10  | R           |

The following is an example, using the above values, of how a Zero Report would look.

TH\*4.2\*123456\*01\*\*20150108\*223000\*P\*\*\\  
IS\*7705555555\*PHARMACY NAME\*#20150101#-#20150107#\  
PHA\*\*\* ZZ1234567\  
PAT\*\*\*\*\*REPORT\*ZERO\*\*\*\*\*\  
DSP\*\*\*\*\*20150108\*\*\*\*\*\  
PRE\*\  
CDI\*\  
AIR\*\  
TP\*7\  
TT\*123456\*10\

## 13 Appendix C – sFTP Configuration

If submitting data via sFTP, a Clearinghouse account with sFTP access needs to already exist.

See [Creating Your Account](#) to register with PMP Clearinghouse.

See [Adding sFTP to a Registered Account](#) to add sFTP access to an existing PMP Clearinghouse account.

### sFTP Connection Details:

**Hostname:** `sftp.pmpclearinghouse.net`

It is recommended to use the hostname when configuring the connection rather than the IP Address as the IP Address is subject to change.

**Port:** 22

The port will always be 22

**Credentials** – Account credentials (username and password) can be found within the PMP Clearinghouse website. Login to PMP Clearinghouse > click Account > sFTP Details > Edit

The username cannot be modified, however, the password can be updated. The current sFTP password cannot be seen or recovered. If it is unknown/lost the user will need to create a new one.

### **SFTP Account** UPDATE SFTP PASSWORD

Username: `apprisstest@prodpmpsftp`

Password

Must be at least 8 characters

Password confirmation

Update

Cancel

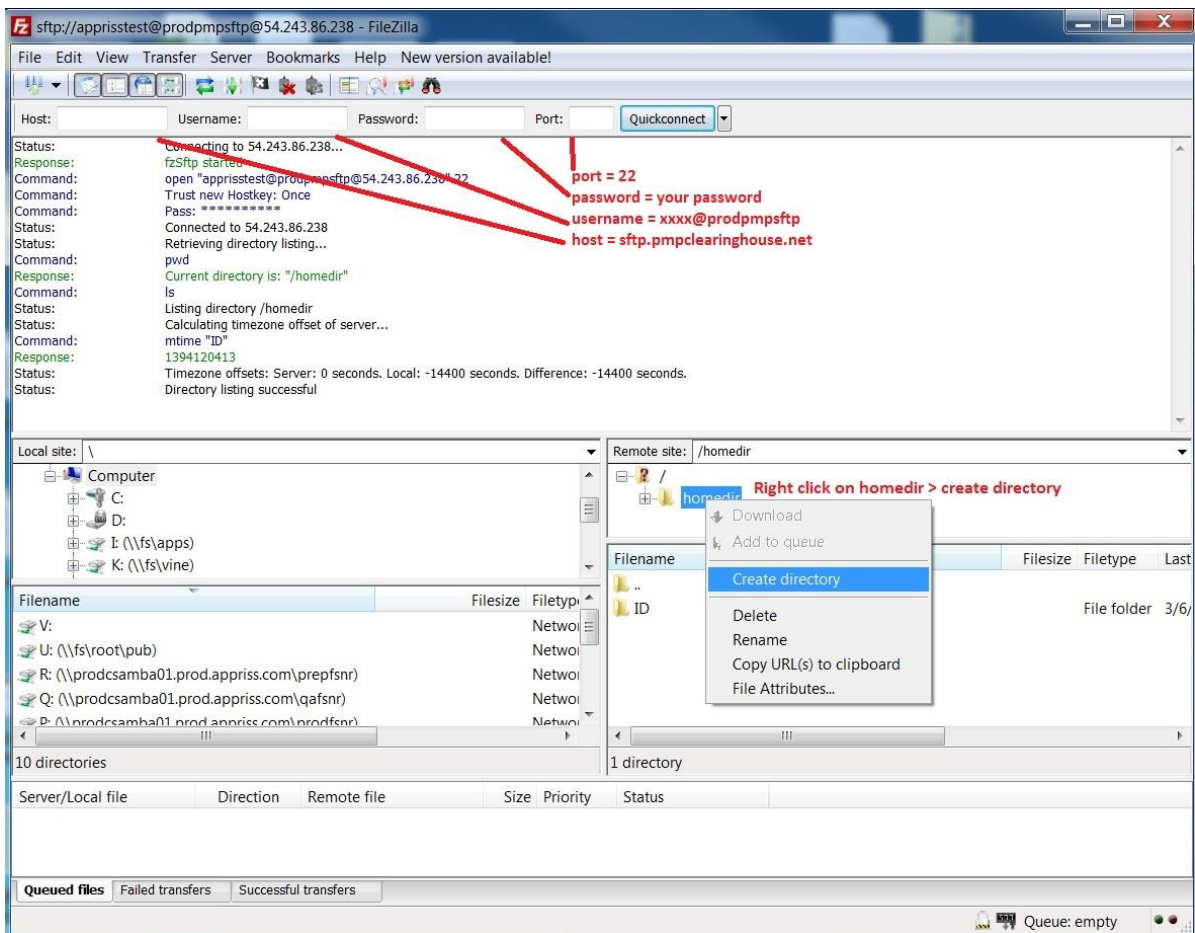
**Users can test the sFTP connection but will not be able to submit data to a PMP until their account has been approved by the state administrator.**

### State Subfolders

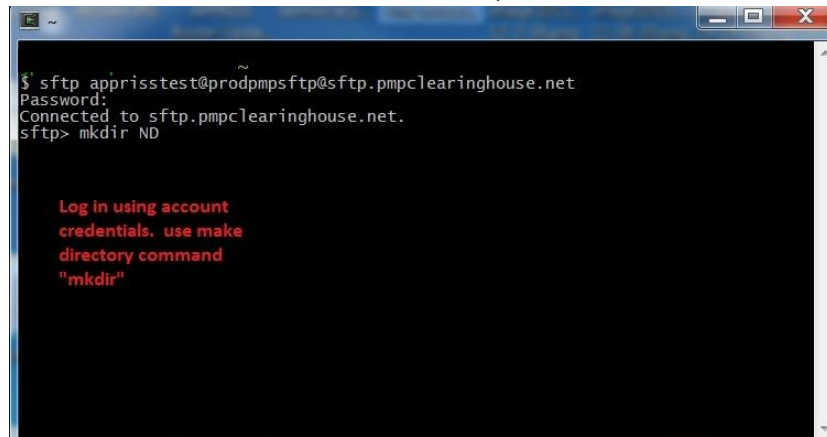
PMP Clearinghouse is the data repository for several states. As such, data submitted via sFTP must be placed in a state abbreviated folder so that it can be properly imported to the correct state. The creation of subfolders must be done outside of the PMP Clearinghouse website using 3<sup>rd</sup> party software such as a SSH Client or a command line utility. Files placed in the root/home directory of the sFTP server will not be imported. This will cause the dispensing entity to appear as non-compliant/delinquent.

The following are two methods by which to create state subfolders for sFTP submissions.

1. Via SSH client (ex: WinSCP/FileZilla)
  - Log into sFTP Account and create the directories needed under /homedir.



2. Via command prompt
  - a. Log into sFTP Account using command prompt. Once logged in, type: "mkdir" (then the directory name you wish to create)  
Example: mkdir VA  
**NOTE:** The state folder must be titled as above, with the two-letter Abbreviation.



Pharmacy software will need to be configured to place files in the appropriate state folder when submitting. The software vendor may need be contacted for additional assistance on this process. **NOTE:** Capitalization of the abbreviated state folders names have no bearing on whether or not Clearinghouse processes the files, however, some pharmacy systems, especially \*nix based systems, will require the exact case be used when specifying the target folder.

### Public (SSH/RSA) Key Authentication

SSH key authentication is supported by PMP Clearinghouse. The generation of the key is outside the scope of this document, however, general guidelines about the key along with how to import/load the key is provided.

\*PGP Encryption is not supported

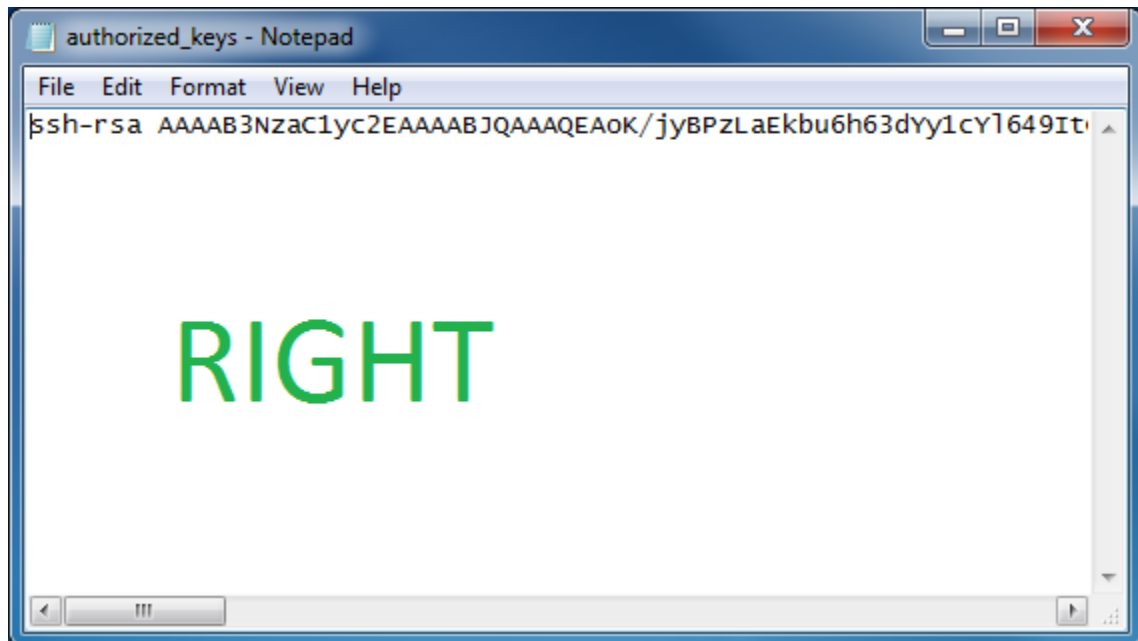
#### Supported Key Types:

- SSH-2 RSA 2048 bit length

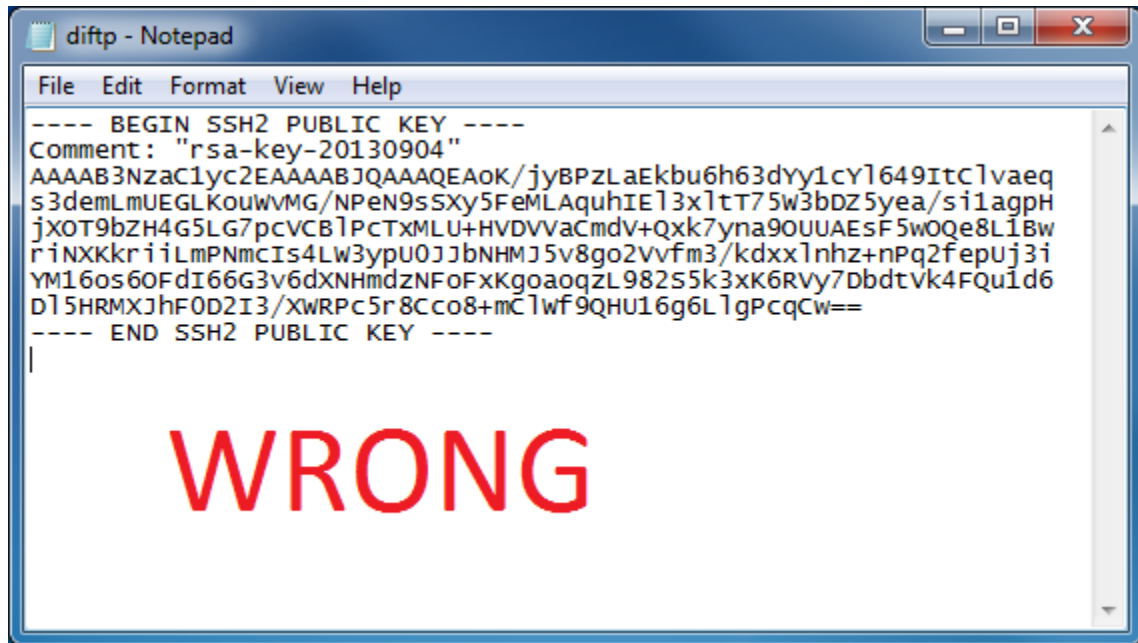
#### Unsupported Key Types:

- SSH-1 RSA and SSH-2 DSA keys are not supported.

**Correct Public Key Format** – If opened in a text editor, key should look like the following:



**Incorrect Public Key Format** – If opened in a text editor, key SHOULD NOT look like the following:



```
----- BEGIN SSH2 PUBLIC KEY -----
Comment: "rsa-key-20130904"
AAAAB3NzaC1yc2EAAAABJQAAAQEAoK/jyBPZLaEkbu6h63dyy1cy1649ItC1vaeq
s3demLmUEGLKouwVMG/NPeN9sSxy5FeMLAquhIE13x1tT75w3bDZ5yea/si1agpH
jXOT9bZH4G5LG7pcVCB1PcTxMLU+HVDVvaCmdV+Qxk7yna90UUAESF5wOqe8L1Bw
rinxKkriiLmPNmcIs4Lw3ypU0JJbNHMJ5v8go2vVfm3/kdxxlnhz+nPq2fepUj3i
YM16os6OfdI66G3v6dXNHmdzNFofXKgoaogZL982S5k3xK6RVy7DbdtVk4FQu1d6
D15HRMXJhf0D2I3/XwRPC5r8Cco8+mC1wf9QHU16g6LlgPcqCw==
----- END SSH2 PUBLIC KEY -----
```

WRONG

Once the key has been generated it should be named **"authorized\_keys"**

**NOTE:** There is no file extension and an underscore between the words authorized and keys.

A .ssh subfolder needs to be created in the home directory of the of the sFTP account. The "authorized\_keys" file must be placed in the .ssh folder. The creation of this folder follows the same process as creating a state subfolder. Refer to the [State Subfolders](#) section for steps on creating subfolders.